THE

# MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

### THE ANTIPYRETIC TREATMENT OF TYPHOID AND OTHER CONTINUED FEVERS.

(A Paper read before the Medical Society of Allegany County, Md.)

BY GEO. B. FUNDENBERG, M.D.,

Of Cumberland, Md.

GENTLEMEN:—At several previous meetings of this Society I have alluded to some cases of typhoid fever which I was treating upon the antipyretic method advocated by Liebermeister and his German compeers.

Although I was at that time fully convinced that this eminently common-sense method was superior to any other with which we are acquainted, I was yet so unsupported by my own experience that I could only quote the observations of others. I am now, however, better able to make a statement founded upon my own trials, having given since then at least 100 doses of quinine, of 15 to 40 grs., and administered at least 250 baths.

When my attention was first called to the cold water treatment, I doubted whether it could ever be introduced into private practice, as even in the cities, in houses in which bathing facilities existed, the patient could not be carried to the bath-room as often as was necessary; but "Knowlton's Portable Gum Bath" obviates all difficulties, as this can be set up on two chairs by the bed-side, and affords a most luxurious and convenient arrangement.

The antipyretic method of treating fevers consists, as you are aware, in the systematic abstraction of heat by cold-water baths of ten minutes' duration, and at a temperature of 68°, F., and the exhibition, at proper intervals, of large doses of quinine, varying, according to age and other circumstances, from 15 to 45 grs.

It is stated by Liebermeister, and I can verify the statement, that it is vain to expect any antipyretic effect from small doses extending over a number of hours; that the entire quantity must be given at once, or within half an hour, if any considerable reduction of temperature is to be obtained.

As regards the comparative benefit to be derived from these two methods of reducing the temperature, I can fully endorse the opinion of Liebermeister, who says: "Notwithstanding the high estimate I place upon the cold-water treatment, and my positive conviction that it would be wrong to treat a severe case of typhoid fever without the systematic abstraction of heat, yet if I were forced to the unpleasant alternative of adopting only one or the other, cold water or quinine, I should, in the majority of cases, adopt the quinine."

As to the value of this treatment, it may be safely affirmed that all who give it a fair trial, and mark carefully the condition and bearing of patients under it, will be constrained to acknowledge its superiority over all other known methods.

Some of my medical friends, to whom I have spoken in favor of the method, have replied: "What is the use of a new practice when we cure all our cases by the usual expectant method?" Now if this were true, it would end all controversy, for the method that will cure all needs no improvement. But, unfortunately, this is assuming too much; for although in the

generally mild typhoid fever which has prevailed for some years the deaths are not many, yet we occasionally hear of fatal cases. It is not to be supposed that even the best method will cure all cases, for, according to Liebermeister's statistics, the new method affords a mortality of 8 per cent., as contrasted with 27 by the expectant plan. Now, although I am ready to confess that in the typhoid fever which we have had here for the last ten years the percentage has been greatly less than 27 per cent., I have no doubt that, whatever the real percentage may be, it would have been lessened in the same ratio by the antipyretic treatment that has obtained in Germany.

The question, therefore, is not what method will cure all, but which will afford the least percentage of mortality.

Every physician who has been called upon, heretofore, to treat severe cases of typhoid fever, must have felt how unsatisfactory that treatment has been, whether treated by alcohol, by acids, by turpentine, or by any of the various expectant methods. The fever runs on almost uncontrolled, the temperature, as measured by the thermometer, is not lowered half a degree by any of the anti-febrile remedies given at stated intervals, and the physician, looking on helplessly, feels how insecure is his patient's life. He cannot tell at what moment a sudden paralysis of heart or brain may foretell a fatal ending. Whereas, by the new method, by which he knows he can lower the temperature to a desired point at will, he feels the same security that the mariner does, who, looking at his compass, guides his ship safely through darkness and storm.

The clinical thermometer is the doctor's compass; by it he is warned of breakers ahead, and he who treats a case of continued fever without its aid, is like the mariner without a compass. For it is the temperature that kills. No one will deny the proposition that the chief danger of continued fever arises from the long continued elevation of temperature above the normal standard. It is by this continued and non-remittent heat that a deleterious effect is produced upon the tissues, resulting in a necrobiosis, as Virchow terms it, and which manifests itself by parenchymatous degenerations. And the degree of this degeneration corresponds distinctly to the height and continuance of the heat. Hoffman, whose extended investigations into this subject entitle his observations to much respect, says, "the elevation of temperature is a controlling element in the causation of parenchymatous degenerations."

When once this degeneration of the heart has reached a considerable grade, it is often too late for any treatment. It becomes the physician's duty, therefore, to treat the fever before such consequences have ensued. In the words of Liebermeister, "It is a poor excuse for the physician whose patient dies during the third week of typhoid fever, from sudden paralysis of the heart, to justify his hitherto expectant treatment with the declaration that, up to this time, no alarming symptoms had appeared, and no indication for active treatment been present; for if he had observed and known the significance of the temperature, he would have foreseen the evil, and might have prevented it."

The danger of a high temperature is conclusively shown by the histories of more than 400 cases in the hospital at Basle, during a period when no systematic antipyretic treatment was practiced. Among these cases those whose temperature did not reach 104° Fahrenheit, showed a mortality of 9.6 per cent.; of those who had a temperature up to 104°, 29.1 per cent. died; whilst of those whose temperature rose to 105.8° and over, more than half died.

And the danger increases with every day it is suffered to continue at an undue degree of elevation, for with every day the evil results, the degenerations of tissue, are augmented. Now, as even a single remission has a favorable effect, in relieving the system from these disastrous results, and affording a rest to the overburdened function, may we not expect a much greater benefit from many remissions, produced by any safe measures whatever.

If, therefore, it can be proven that cold water and quinine have the power of reducing the temperature to safe degrees, and if it can be shown that, guided by the clinical thermometer, they are devoid of all danger, may we not confidently predict that the antipyretic method will be generally adopted in all severe cases of continued fever, and that typhoid fever especially, so much dreaded, will in a great measure be deprived of its dangers.

As regards danger from the use of cold baths in fever, I have yet to see the first case in which any injury has been sustained, when given properly, and when no contra-indications exist. When regulated by the thermometer, I cannot conceive how any but good results can follow.

The slight chilliness that frequently follows is very transient, and is easily relieved by a glass of wine and external warmth.

And the same may be said of quinine; Liebermeister says he has given at least 10,000 doses, varying from 22 to 45 grains, and has yet the first instance to see in which any injury could fairly be attributed to the medicine, and Jurgesen has exceeded these doses safely.

The fear that exists at present in the minds of medical men, in regard to these large doses of quinine, especially among the older members of the profession, is only the natural result of life-long impressions, based, not upon individual experience, but upon the utterances of the leaders of medical thought. I think it is very probable that we shall be compelled to revise these opinions, and ascertain how much of truth there is in them. It will certainly do no harm to make trials, and upon these trials, and with minds open to conviction, return a verdict according to the evidence.

If we look at the writings of those who lead medical opinion in therapeutics, we shall no longer wonder at the distrust that is felt in the administration of such doses of quinine as those administered by Liebermeister and his colleagues.

Pereira, in his Materia Medica, says:—"In large doses, as 10 or 20 grains, sulphate of quinine has produced these classes of effects. 1. Gastro-enteric irritation, marked by pain and heat in the gastric region, nausea, griping and purging. 2. Excitement of the vascular system, manifested by increased frequency and fullness of pulse, and augmented respiration. 3. Disorder of the cerebro-spinal functions, indicated by headache, giddiness, contracted and in some cases dilated pupils, disorder of the external senses, agitation, difficulty of performing various voluntary acts (as writing), somnolency, delirium, stupor.

Dr. Wood, in the United States Dispensatory, uses the following language: "In large doses, from ℈j to ʒj, it occasions severe headache, loss of sight, vertigo, deafness, dilated and immovable pupil, loss of speech, general trembling, delirium, coma, and great prostration. It also occasions gastric and intestinal irritation, marked by oppression of stomach, nausea, abdominal pain, vomiting and purging. It has even been said to have caused permanent deafness. Given largely in disease it has repeatedly caused fatal results, not so much, however, by its peculiar action, as by coöperating with disease in establishing intense local irritation or inflammation, especially in the brain. From its occasional effect in diminishing the frequency of the pulse, and the general strength, it has been supposed to be essentially sedative in large doses. But the probability is that the apparently sedative effect upon the circulation arises from an overwhelming stimulant influence upon the cerebral centres, whereby the system is deprived of the support of those centres, and the heart's action is depressed with the other organic functions. In the present state of our knowledge, therefore, it is safest to consider sulphate of quinine as a direct and powerful stimulant to the brain."

These quotations from the text-books might be multiplied, but uselessly, for they are all of the same tenor. That these pictures of the dangers of large doses of quinine, in diseases generally, are drawn from the imagination and not from the bedside, I have not the least doubt; I am quite sure that in typhoid fever, and other continued fevers in which a high temperature prevails, they may not only be given with impunity, but with unparalleled benefit. I have given at least 100 doses, of 15 to 40 grains, to at least thirty different individuals, of both sexes, from the age of nine to fifty, and with great diversity of temperament and condition, and I have seen no injurious result from any dose. I have seen no gastro-enteric irritation in any case, no excitement of the vascular system, but, on the contrary, a positive sedation; no serious disorder of the cerebro-spinal system, no undue somnolency, no delirium, no stupor. Neither have I seen any loss of sight, no dilated and immovable pupils, no loss of speech, no permanent deafness.

I cannot, therefore, agree with Dr. Wood when he consider, it "a direct and powerful stimulant to the brain." The statement is too general. It must be remembered that medicines very often act differently in health and in disease. I have yet to meet with a single instance in which doses not less than fifteen grains to children of nine years, and from twenty to forty to adults, have not produced effects, in fevers with high degrees of temperature, very much to be desired. As to the dangers, and especially the fear of fatal results, of such doses, they are not sufficient to deter any conscientious physician from their use. I do not be-

lieve that ten authentic cases of death from such doses of quinine can be produced in the records of medicine. But, if even twenty such cases could be adduced, would that be a sufficient reason to proscribe their use altogether? Would not the same reasoning prevent us from using *any* of our most valuable medicines in efficient doses?

If any gentleman will name a drug or remedial measure that will reduce the temperature to the same extent and more safely than quinine, I will use it in preference; but until I can find as efficient and as safe a substitute with which to fulfill the all-important indication in fever, viz., to reduce the temperature, I shall continue to regard it as a medicine of inestimable value, when properly used, and as standing at the head of all febrifuges.

The fear of producing cerebral determinations in fever, in cases in which the head is already hot, with severe headache, with throbbing carotids, and even delirium, is, I am satisfied, chimerical. I have repeatedly used it under such circumstances, and have never known it to produce any injurious results; but, on the contrary, I have known large doses to cool the head, calm the throbbing arteries, relieve pain, quiet restlessness, procure sleep, and induce perspiration. And I have not only seen these effects follow the medicine occasionally, but almost *invariably*.

For instance, a young lady in the second week of fever, with so strong a determination to the head that I was compelled to keep ice bladders applied during three weeks, was in the following condition: She had a temperature of 105°, with severe headache and flushed face, with the head intensely hot, a pulse of 120, a dry skin, and ice-cold feet and hands, and she had not slept for several nights. In this condition, at 6 P. M., she took thirty grains of quinine.

Now here was a state of affairs which, according to the teachings and opinions of even modern physicians, would have strongly contra-indicated *any* dose of quinine whatever, and many gentlemen would have said that to give a patient in such a condition half a drachm of quinine, would be to put her life in imminent jeopardy.

But mark the result. In two hours after, the heat, as indicated by the thermometer, was 101°; she felt a roaring like that of the sea in her ears, but there was no cerebral excitement, and none of the circulation. The previously hot head was cool and perspiring, the flushed face was pale, the throbbing carotids were calm, and the ice-cold extremities were hot. The quinine had evidently cooled the brain and driven the blood to the extremities. That night she slept the greater part of the time, and at 6 A. M. her temperature was 99°. Nor can it be said that this was a coincidence, for during this attack she was again in the same condition, and the same dose produced precisely similar effects. I had never before seen a single dose of medicine fulfill as many indications and produce such remarkable results.

How these effects are produced, may be left to the theorists. Whether by a contraction of the arterial tunics, or by a direct sedation upon the nervous centres, we do not know; but it may be safely affirmed that quinine does not act, as Dr. Wood has it, "by an overwhelming stimulant influence upon the brain."

I will adduce but one more case as illustrative of the fact that quinine is not a cerebral stimulant, but a direct sedative in fever.

A married lady, aged 37, who has been for nine years epileptic, was attacked with typhoid fever of a severe grade. She is, most probably in consequence of her epilepsy, exceedingly nervous, and has had, for several years, a sensation of pressure on the brain, with despondency, and fears of mental alienation. This lady, shortly after the beginning of her fever, lapsed into delirium, which lasted for three weeks. She had headache, a suffused countenance, injected conjunctiva, and a dry tongue. Notwithstanding these symptoms, she took, at intervals, three doses of quinia, of twenty-five grains each, with the most desirable effects. After each dose she slept the greater part of the night; the head became cool, the skin moist, the pulse much lessened in frequency, and the heat fell from 103·8° to 99°. In short, the medicine acted as well as in all other similar cases in which I have used it.

As regards the use of the thermometer in the treatment of continued fever, it is difficult to conceive how a rational course can be pursued without its aid. The means of ascertaining the degree of heat, which were at our command formerly, were all uncertain and liable to mislead. The pulse, we know, does not hold an invariable relation to the temperature, and cannot, therefore, be depended upon. The heat of the skin as ascertained by the touch is yet

more unreliable. In short, before the thermometer, we could guess at the temperature, and that was all. Although the increase of urea in the urine is a much more delicate test of the amount of tissue metamorphosis than the thermometer, yet, as it stands in a direct ratio to the elevation of temperature, and as every degree of heat above the normal represents a definite amount of urea, the thermometer affords a sufficiently exact indication, and stands unrivaled as an easy and reliable guide to safe and efficient practice.

The curve of the temperature as ascertained by the thermometer is a very reliable guide in the diagnosis of typhoid fever, as distinguished from the remittent and sub-continued types, but it positively loses all its value in this respect when the patient is under the antipyretic treatment, for the violent perturbations from the typical curve produced by this treatment leave no trace by which to diagnose a difference. But under the expectant method the thermometer regains its power as a diagnosticator, for here the natural curve is but little, if any, interfered with.

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## ON SO-CALLED "ENLIGHTENED SEXOLOGY."

BY FRANCIS H. MILLIGAN, M. D.,
Of Wabasha, Minn.

This is what Dr. W. M. Smith, of Atkinson, Ill., speaks of in his article to the MEDICAL AND SURGICAL REPORTER, September 25th, 1875. I do not deny the great prevalence of abortion practiced by the so-called Christian and enlightened American women. I must, however, take issue with the doctor, when he asserts that a physician has been regularly educated who has no more knowledge of the modes of producing abortion than by "a wire with a handle." No State in the Union has done more, through physicians' influence, to have laws enacted to prevent abortion than Minnesota; and up to the last session of our Legislature we thought we had a law on our statute books, but the enlightened views of a Legislature that the Hon. William King thought did not amount to a great deal changed the law *radically*.

Years ago, in my good old mother's state of Pennsylvania, abortions among married women were the exception and not the rule. Little was then known of "Enlightened Sexology," and very little bromide of potassium was used. Christian and enlightened women considered it a crime of the worst kind, and I assure you that if the number of children in our old Pennsylvania families was anything to judge by, the rights of the husband were not neglected.

This whole question of the "sexual problem" is unworthy of the age, and is the necessary outgrowth of a society recovering from the effects of a great civil war. Marriage is a voluntary agreement, made sacred, as it should be, by the laws of God. People who are married should have children. How often, in our old Pennsylvania homes, have you and I heard the compliments given to a newly married couple, "May you prosper and have many children." Go back a quarter of a century, and tell me honestly if there were any wives of intelligent Christian gentlemen pathetically exclaiming, "I count the days till I shall be fifty." How much of this view expressed by this wife was the result of "Amended Woodhullism;" and how much, alas, was the result of the false Christian doctrine inculcated, probably, by some of our modern clergymen.

Would that I had the eloquence of a Charles D. Meigs, or a Thomas D. Mütter, to arouse my professional brethren (more particularly those of the younger class), to admonish them to pause and think before they lend themselves to this new idea of the "limitation of the offspring of lawful marriage." It is now the source of more than two-thirds of all the diseases with which our married women are afflicted. It tends to make her who should be the head of a household irritable to children, husband and friends; and too often drives the husband to seek the society of a "frail sister" for that reasonable sexual indulgence which is, and should be, enjoyed by every married man and woman in usual health.

I cannot agree with those who maintain that there is any need of instruction in "sexual hygiene." I think this whole subject can be illustrated sufficiently by the knowledge which is now imparted by the text books on physiology, which are now used in all our higher schools and academies. I am decidedly opposed to the introduction into our universities and normal schools of this new idea of "sexual hygiene." A mother's influence and a father's authority, governed by Christian precepts of the "old kind," would, in my opinion, be all that the young of either sex would require. Let us, as American citizens, take warning of the na-

tions of the past. Imperial Rome, with all her grandeur and greatness, fell. The luxury, debauchery and immorality of her citizens were, no doubt, the cause, of all others, of her decline. Among certain classes of American women child-bearing has become vulgar and unpopular. Their lives are too much devoted to the calls of society. Fashion, to them, is everything, and in these glorious days of the Republic it is not considered fashionable to bear children, even in honorable wedlock.

## POISONING BY "RHUS TOXICODENDRON."

(Letter from Fauquier Co., Va.)

In my letters to you from this State, I have always endeavored not only to make them agreeable to read, but also to have them contain some useful medical facts. Last year I gave an account of the various springs, from personal observation, and this summer I shall tell you of an interesting case of poisoning from the poison ivy.* I have found a new and valuable remedy for its relief, with a detailed history of the case.

I. E., aged 29; healthy, robust and strong; a gentleman farmer by occupation; has been subject to most severe and violent attacks of inflammation, vesication, and long-continued suppuration, from the poisonous influence of rhus toxicodendron, or poison oak or ivy. At twelve years of age he had his first attack, while at school at Pottstown, Pennsylvania. On the evening of the day of exposure the vesication showed itself on the fore-arm, neck, and subsequently, all over the body, even to the scrotum. His friends first employed a solution of common salt and saleratus as a domestic remedy. This was followed, by the doctor's directions, by a solution of acetate of lead, which gave him a slight amount of relief, but it was considered best to have him return to his home in Philadelphia, where his physician recommended the parts, which were now discharging freely, to be painted with lead paint thinned with linseed oil, and administered twenty drops of tincture of sesquichloride of iron, three times a day. It was five weeks before the attack was relieved. His second attack occurred at Claymont, Delaware. He used the white-lead paint, and some one recommended gunpowder and water, to relieve the itching, but it almost set him wild. He consulted a physician, who used the old remedy of acetate of lead. This attack did not last quite as long as the first.

Two years after he went to California, and while hunting in Sonoma county, six miles in the country, he had another attack; not having any medicine, he had to resort to the only thing they had, the gunpowder and water, until he returned to San Francisco, when he was advised to use the steam baths, but he was not well for three or four weeks. He came to Virginia in 1867, and from that time to the present, has had four different attacks; in these he employed the old remedies, but with about the same tedious results, and in one instance a physician ordered a mixture of ammonia and sweet oil, which caused the vesicles and pustules to run into a complete ulcer, which required a longer time to heal than any former attack, and left cicatrices on the arm.

In his last attack, during this summer, he was recommended a new remedy, which is known as yellow wash, and is made as follows:

℞. Corrosive sublimate, gr.xx
Lime water, ℥v.

These ingredients are to be mixed, and the bottle well shaken, and applied to the parts with soft pieces of linen; the result was most marvelous, for in twenty-four hours the itching, burning and smarting all disappeared. The lime water may have acted as an antidote to the volatile acid. It must not, however, be forgotten that the corrosive sublimate is a most violent mineral poison, and must be used with care.

*This is not an ivy, but belongs to the sumach genus. Its leaves have a glossy look, arranged in threes, resembling the common sumach, but broader. In this season the leaves assume a great variety of brilliant colors and are very attractive. There is another variety of rhus (rhus venenata), which is more poisonous. It is a small tree; its common name is "poison dogwood, or poison sumach." The virulent principle of both these plants is a volatile acid.

# MEDICAL SOCIETIES.

## NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, September, 22d, 1875. Dr. Delafield, President, in the chair.

### Diaphragmatic Hernia—Perforation of the Intestine—Peritonitis—Death.

Dr. F. R. S. Drake presented a specimen of ulceration of the intestine, and protrusion of the omentum through the diaphragm, with the following history:—A mason, aged forty-two, had been knocked down two years ago, while he

was working, forcibly flexing his knees against the chest; after that he vomited blood several times, and complained of pain on a line with the lower border of the ribs, on the left side. He was received into the Ninety-ninth Street Reception Hospital, where he remained four months; after this he could perform but light work. On August 24th, while at work, he was seized with griping pains, and on the 27th was admitted to Charity Hospital. The abdomen was distended with gas, but no tenderness on pressure at any point; the bowels were constipated; pulse normal, and no fever. He remained in this condition for three days. On August 31st he was taken with nausea and vomiting, and complained of intense pain in the left hypochondrium, shooting to the right iliac fossa; the tympanites increased. His condition became more critical, and he died on September 2d.

*Autopsy.*—The intestines were matted together, and covered by a fibrinous exudation. The abdominal cavity contained a large amount of fecal matter. A portion of the omentum had protruded through the diaphragm into the pleural cavity, and had become strangulated. The intestine had been intensely congested above the constriction, while ulceration and perforation of its coats existed below. The pleural cavity contained four ounces of fluid.

**Ovarian Cystic Fluids.**

Dr. Sell exhibited two different specimens of fluids taken from ovarian cysts. The first was cholocate-colored, and taken from a woman who had been suffering from dyspeptic symptoms and abdominal pain. The doctor removed forty pints of fluid, of a specific gravity of 1020, and composed of albumen, pus, blood and ovarian granules; the tapping relieved her greatly, but she is now larger than she was before, and ovariotomy is contemplated. The second specimen was of a lead color, and obtained from a woman aged forty-two, married, who had menstruated irregularly, and had never been pregnant. About last January she noticed an enlargement of her abdomen, and complained of pain; this continued for some months, and though she consulted several physicians (both regular and irregular), no diagnosis was arrived at. When the doctor saw her, she had been suffering from dyspepsia for some time; was jaundiced, and still complained of abdominal pain; he tapped her, which relieved all symptoms.

**Congenital Sarcoma of Fore-arm.**

Dr. Post presented a specimen of congenital sarcoma, involving the lower portion of the fore-arm. The tumor was of a reddish color, and firmly attached to the lower half of the radius. At the birth of the child the tumor had been discovered, and thought to be malignant; its vascularity had been so great that profuse hemorrhage followed the puncture of a needle, which, however, had been controlled by pressure. No hereditary history of cancer could be obtained from the parents. Amputation had been performed at the elbow-joint when the infant was thirty-two days old. Dr. J. W. S. Arnold, who examined the tumor microscopically, pronounced it a sarcoma. The president stated that this had been the first case of the kind presented before this Society, but that similar ones were to be found reported in the last Guy's Hospital Reports.

**Pott's Disease.**

Dr. E. P. Gibney exhibited the spinal cord of a boy, aged sixteen, who had been the subject of Pott's disease, and had died of pneumonia on September 13th. The autopsy had revealed a curvature of the spine in the dorsal (sixth, seventh and eighth) region; at about this point a sac was found, composed of a soft, cheesy mass; the body of the eighth dorsal had disappeared, and the ninth and tenth were partially gone; there was an absence of blood vessels over the seat of the disease, though they could be traced above and below. The cord was in a state of atrophy at the seat of the disease.

Dr. Janeway believed that pressure upon the cord had been the cause of the atrophy.

The President thought that in these cases the paraplegia was the result of inflammation only, and was not due to any disease of the cord itself.

Dr. Janeway was of the opinion that a local anæmia of the cord caused the paraplegia, and that no change or inflammation occurred.

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## PROCEEDINGS OF THE NEW YORK MEDICO-LEGAL SOCIETY.

The first meeting of this Society, after the summer vacation, was held on the evening of Thursday, September 22d, at the College of Physicians and Surgeons, corner Fourth avenue and Twenty-third street, the first Vice-President, Dr. R. I. Parsons, in the chair.

The minutes of the previous meeting were read and approved.

At the request of the secretary, the report of the Executive Committee was laid over until the following meeting.

The paper of the evening was then read by Dr. M. N. Miller, the assistant secretary, at the request of the author, Mr. R. S. Guernsey, entitled: "The Penal Laws Relating to Suicide in Ancient and in Modern Times."

The author took a very wide scope of the subject. He did not use the word penal in its narrow legal sense, but in the broad sense of penalty of every kind and nature; legal, moral, social and religious. There are two classes of voluntary deaths; one is selfish and the other is where it is for others. The first suicides recorded in Jewish history are those of Saul and his armor bearer. Samson's death cannot be regarded as suicide. It is not prohibited in the Bible. Reference was made to the Oriental

countries, and India, China, Japan, and the antiquity of views in regard to self-slaughter. The stoical view of it was, that it was not immoral, and was even praiseworthy in many cases. This was owing to their peculiar philosophy in regard to man. The ancient Greeks were not unanimous in their approval of their liberty to commit suicide. The views of Pythagoras, Aristotle, Cicero, Apuleius, Plato, Cæsar, Ovid and others, were given, and the historical and chronological steps of the progress of public opinion and the laws on the subject were given. The attitude which the teachings of antiquity, and especially of the Stoics, on the one hand, and of almost all modern moralists on the other, assumed in regard to their conception of death, appears very plainly in their view of suicide. For this modern view of it among us we are indebted to the great Church of Rome. The doctrine of future rewards and punishments, which is so prominent in the New Testament and the Koran, is the foundation upon which it was mainly built in religion. The first movement in the Roman Church was at the Council of Arles, in the Fifth century, where it was pronounced to be the effect of a "diabolical inspiration," and at the Council of Prague, in the following century, it was ordained that no religious rites should be celebrated at the tomb of a suicide, and that no masses should be said for his soul. A few years later the Canon Law ordained the same thing to a wider extent, and it was considered that a suicide "died in mortal sin," and could never enter the paradise of the blest. The progress of public opinion and the adoption of the Canon Law, and the practices in regard to the body and the property of suicides were sketched. During the whole period of Catholic ascendancy the act was more rare than before or since, and under the government of Catholicism and Mohammedanism suicide, during many centuries, almost absolutely ceased in all the civilized, active and progressive part of mankind. The position which the Roman Catholic Church and its propagators took in its early days and in its strength and vigor is still maintained by it and its two main branches, the Greek Church and the Protestant Episcopal Church, in regard to burial rites and ceremonies. The view taken of suicide in the literature and art of these times was illustrated. The growing extent of modern statute law in all European countries and the United States was stated.

By reason of the length of the paper the reading of the portions relating to the law in regard to aiding and abetting suicide, and as affecting testamentary capacity and life insurance, was omitted. The author's reflections upon the subject at the conclusion were, in substance, as follows:—

Self-preservation is, unquestionably, the natural law, which is an instinct of all animal life. If it were not more prevalent than the destructive agents without and within organic beings, they would all sooner or later become annihilated. Love of life, therefore, is, and must be, the natural selection for its preservation; and death, and the fear of it, is, and must be, naturally shunned, for the same reason.

Man is the only being in all animal life, with one exception, that ever commits willful and deliberate self-destruction. The scorpion will sometimes sting itself to death when its hope of life is gone. Byron has graphically described this in his poem of the Giaour, in the following lines:—

> " * * like the scorpion girt by fire,
> In circle narrowing as it glows,
> The flames around their captive close,
> Till inly searched by thousand throes,
> And maddening in her ire,
> One sad and sole relief she knows—
> The sting she nourished for her foes,
> Whose venom never yet was vain,
> Gives but one pang and cures all pain,
> And darts into her desperate brain."

There are and must be times when the natural instincts are overcome or lost, and then some other strong and counteracting influence must be brought to bear to preserve or to restore them to power and healthy action. Religious influence should be encouraged as a solace, and as having a penalty in regard to suicide. It is unquestionably the duty of a State to use any and every means to protect and preserve its members from destructive agencies, from whatever source they may come. However useless and burdensome the suicide himself may be regarded by the community or by his relatives and friends, his example should not be allowed, for some more worthy person may be tempted, in a moment of despondency and madness, to follow the unfortunate and cowardly course to escape the ills and ails of life, instead of "taking up arms against a sea of troubles," and bravely fighting the battles of life through any and every adversity, always hoping for the better in the sharp extremities of fortune; and by thus living heroically in the path of duty and right, he will die a heroic death, and at the last he can exclaim, with Paul, "I have fought a good fight." Such examples will have beneficial effects.

We have only given a brief sketch of some of the points of the paper.

At the conclusion of the reading, pending a motion for its acceptance, a very animated debate occurred.

On motion of Mr. Riddle, the paper of Mr. Guernsey was adopted, and the hearty thanks of the society tendered him for his very able, interesting and comprehensive essay.

It was mentioned by the chair that the Medical Society of the County of New York had undertaken to prosecute certain irregular practitioners of medicine in that city, and that they desired and asked the coöperation of the New York Medico-Legal Society in the matter. Whereupon

Hon. Geo. H. Yeaman moved, and it was adopted unanimously, that a committee of three be appointed from the society to meet with the censors of the Medical Society of the County of New York, for the purpose of conferring with

them in regard to the prosecution of irregular practitioners under the law of 1874, entitled "An act to regulate the practice of medicine and surgery in the State of New York," said committee to be designated by the chair.

The president pro tem., Dr. Parsons, then appointed as such committee Dr. John R. Peters, Hon. Geo. H. Yeaman and Mr. R. S. Guernsey.

The society then adjourned.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### The Management of Chronic Dysentery.

Two cases of this most obstinate disease are reported by Dr. C. Handfield Jones, in the *Medical Times and Gazette*, one fatal, one recovery. We give the latter and some of his remarks.

J. P., aged thirty-two, admitted December 22, 1874. Ill six weeks; has lost much flesh. Bowels usually act eight or nine times a day; the stools are on some days loose, on others more solid; he passes a little blood at times. Abdomen collapsed; feels sore all over; the soreness is most at lower part and left side; he feels, he says, sore inside. He has nausea at times, but no vomiting. Pulse 96, open, soft; tongue pale and natural; neither liver nor spleen enlarged. Has been in India and Africa: has had some fever. Ordered simple diet, rice pudding, beef jelly; and

℞. Gummi rubri, gr.x
Glycerinæ, ℥j
Aquæ, ℥j. M.
Quater die.

December 24th. Temperature 98.6°; pulse 64; respirations 20. Stools more consistent; the last slightly streaked with blood. He feels a good deal better.

28th. Five stools in the last twenty-four hours. Two eggs. Fotus tereb. abdomini.

January 4th, 1875. Is in bed. Reports that the turpentine stupes caused the stools to be more frequent and bloody.

℞. Pt. c. mist., gr.xv
Gummi rubri ad., ℥j.

7. Has had seven stools a day since last report. Catarrh very prevalent. To have

℞. Argenti nitratis, gr.vj
Aquæ dest., ℥iv
Tinct. opii, ♏x.
Pro enemate, bis die.

9. Enemata have been retained fairly well, but the stools have been more frequent and bloody; one I saw was scanty, consisting of membranous shreds or flocculi and blood. Pulse 100, feeble; not much pain.

℞. Pulv. ipecac, gr.v
Mist. mucilag., ℥ss M.
Ter die.

11. Better. Only four stools.

14. Three stools a day. Is up; feels better; little or no nausea from the medicine. Fish.

18. Four stools a day. Is up and about; ordered again to bed.

℞. Ext. ergot, liquidi, ℥j
Aquæ, ℥j. M.
Quater die.

On the 21st there were only two stools, on the 25th only one; and this improvement was maintained until his discharge (February 4th), although he had been allowed to be up and about after January 28th.

*Remarks.*—It is always satisfactory when we can comprehend the action of our remedies in a case of disease, especially when that disease is a representative one. Now, dysentery evidently represents in great measure the large family of catarrhs, although there is also something specific about it, and it is prone to become a good deal more than a catarrh. Its chief peculiarity seems to lie in its tendency to affect the "substratum" of the mucous membrane, that layer of nuclei and granular matter underlying the basement membrane of the surface, to which the solitary glands belong, and to which I specially drew attention twenty-seven years ago, in the London *Medical Gazette*, 1848. This constituent of the mucous membrane is apt to become infiltrated with exudation, while the basement membrane and epithelium perish. The causes of dysentery seem to be such as impair or annul the special endowments of arteries and capillaries. Malaria, foul air, excessive heat alternating with chilling cold to the cutaneous surface, are all very capable of producing these effects. One great feature in the dysenteric state, indeed, the principal in all but the earliest stage, is the loss of the proper action of the blood-vessels. The arteries are relaxed, or very prone to become so, and the capillaries leaky; and as long as this condition persists, the symptoms, even if they subside for a brief time, are reproduced by the least provocation. To amend this defect, astringents, to restore retentive power to the capillaries, and tonics, to promote contractility in the arte-

ries, seem rational remedies. But for their success it is requisite that they shall be of such a kind, and given in such doses, that they do not become irritants. This is a very important limitation of their use, and for want of due regard to it an otherwise suitable therapy may quite fail. In one case under my care, four grains of tannin and one-fourth grain of opium, quater die, aggravated the dysentery a good deal, but half an ounce of tincture of aspastic bark, ter die, which contains tannin in some peculiar form, quickly cured it.

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**The Manipulation of Adhered Placenta.**

The following directions are given by Dr J. G. Swayne, in the British *Medical Journal*:—

If the cord be tightly encircled by the os uteri, the constriction should be overcome by insinuating the tips of the fingers into the os in a conical form; whilst the right hand all this time is making counter-pressure upon the fundus uteri, so as to steady that organ. Should these precautions be neglected, the connections between the vagina and the uterus may be put very injuriously on the stretch, especially if the circular fibres of the os oppose much resistance to the introduction of the hand. As the tips of the fingers pass through the os, they should be gradually expanded and separated from one another, until, by sheer fatigue, they overcome the contraction of the uterine fibres, so as to allow the passage of the entire hand into the uterus. When this is accomplished, the next step is to pass up the hand sufficiently high to reach the placenta. The distance which it has to pass before this can be felt will depend very much upon the position of the placenta and the degree of contraction of the uterus. If the placenta be attached, as it usually is, to the fundus uteri, or if the uterus be in a flaccid condition, it will be necessary to pass the hand much further than when the placenta is attached lower down, or when the uterus is well contracted. I have sometimes had to pass the hand quite into the epigastric region, in search of a retained placenta. As soon as the placenta is arrived at, the fingers should be spread out, taking care not to entangle them in the membranes, until the circumference of the placenta can be felt. If any portion of the circumference be already detached, the tips of the fingers should be cautiously inserted between this portion and the inner surface of the uterus, and the placenta gradually peeled off. All this time, the right hand, externally applied, steadies the portion of the uterus from which the left hand is detaching the placenta, and enables the accoucheur to estimate the exact thickness of the uterine walls included between the hands, so that he can avoid digging his nails into the substance of the uterus. There is sometimes considerable danger of such an accident when the adhesions are very firm and close. There is also considerable danger of leaving portions of placenta behind: a risk that one can readily comprehend in such cases as those described by Dr. Ramsbotham, who states: "I have opened more than one body where a part was left adherent to the uterus, and where, on making a longitudinal section of the organs, and examining the cut edges, I could not determine the boundary line between the uterus and the placenta, so intimate a union had taken place between them." In all such difficult cases, it will be necessary to sever the adhesion by using the finger-nails with a kind of sawing motion from side to side. The tips of the fingers are placed in a line like the edge of a saw, keeping the palm toward the placenta and the knuckles toward the uterus, and the sawing motion is continued very slowly and gradually, until the entire placenta is separated and falls into the hollow of the hand. This proceeding sometimes requires a great deal of patience, and is exceedingly tiring; but the accoucheur should take his time about it, working with both hands, and making his ground sure as he goes on, and not withdrawing his hand with the placenta until he is certain that he has brought away every part of it that can be safely separated. It is very seldom, comparatively, that the adhesions are so firm that this cannot be done. Should this, however, be the case, we have a choice of evils: either to run the risk of causing secondary hemorrhage and septicæmia by leaving portions behind, or of causing metritis from injury to the uterus in bringing them away. For my own part, I think that the last of these two courses is the least dangerous, except in very unusual cases. I have notes of only two instances in which it was necessary to leave any portion of consequence behind. Fortunately, in both, the pieces were expelled on the third day, without having caused any untoward symptoms, although in one the piece expelled was as large as a hen's egg. Of course, in all such instances the dangers of septicæmia should be guarded against, as much as possible, by the frequent use of vaginal injections containing Condy's or other disinfectant fluids.

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**Acute Fatty Degeneration of the Heart.**

Dr. T. H. Green read, at a meeting of the Clinical Society of London, notes of the case of a girl, aged nineteen, who was admitted into Charing-cross Hospital, under his care, suffering from heart disease. She had a moderate amount of mitral obstruction, with regurgitation and enlargement of the right ventricle. The girl was weakly and anæmic; but whilst she kept quiet and was well fed, her heart did its work sufficiently well to prevent the occurrence of any marked cardiac symptoms. There was no trace of anasarca, or of any pulmonary symptoms. After she had remained in the hospital about seven weeks—as, with the exception of some anæmia and debility, she seemed fairly well—arrangements were made to send her into the country. At this juncture menstruation reappeared. It had been absent for three months. It was more profuse than usual, and the girl now commenced to vomit her food. The

vomiting persisted, and the girl died in six days, with symptoms of exhaustion, and failure of cardiac power. At the post-mortem examination, the heart was found enlarged, especially the right ventricle and left auricle. The mitral orifice was contracted and funnel-shaped, and the orifice would admit a large forefinger. The muscular tissue of the heart had undergone extensive fatty metamorphosis; this was universal. The aorta was very narrow, and below the orifice of the large vessels from the arch would admit only the tip of the little finger. The vessels generally, like the heart, had undergone fatty metamorphosis, but to a less extent. The other organs presented the appearances which result from moderate but long-continued mechanical congestion.

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### Croup and Diphtheria.

The eminent surgeon, M. James Spence, has the following remarks in a recent address:—

In speaking of operations in croup, I have used the terms simple and diphtheritic croup; and I have done so advisedly, because, whilst the average results of my operations have been as good in the one disease as in the other, I consider them as essentially different diseases, and I do not believe that an extended experience would give the same amount of success in diphtheritic as in simple croup. It has been with no small amazement I have read some of the views recently propagated, that croup and diphtheritic croup are identical. I can hardly conceive two diseases more different, whether we consider them in their causation, symptoms, or sequelæ. In one feature, doubtless, there is similarity, because when, in diphtheria, the air-passages become affected, the presence of the membrane exuded necessarily gives rise to the same physical symptoms as to sound of voice, breathing, and asphyxiating paroxysms, as the false membrane in simple croup does. But in diphtheria, the exudations in the larynx or elsewhere are the local expression of a special blood-disease, which may, and often does, destroy life without affecting the air-passages at all, whereas, in simple croup, the false membrane is the result of a local inflammation. The causes or circumstances in which the two diseases originate are, according to my experience, very different. Ordinary croup almost invariably arises from exposure to cold, or occasionally from some source of local irritation, leading directly to inflammation of the mouth, as dentition. It is most frequent during cold moist weather, and specially during the prevalence of easterly or northeasterly winds. The late Professor Alison used to say that, according to his observation amongst the poorer classes, the affection most frequently occurred between Saturday night and Monday morning; and he attributed this to the custom of washing the floors of the rooms on the Saturday night, after the children were in bed. Diphtheria, on the other hand, prevails at all seasons and during all kinds of weather, sometimes as an epidemic, and then generally coincident with scarlet fever, but always more or less connected with, or influenced by, the effects of sewage emanations or imperfect drainage. Hence we meet with it more frequently amongst the better classes and in houses with modern accommodations, such as fixed wash-basins and water-closet accommodation in immediate connection with nurseries or bedrooms.

Diphtheria is undoubtedly infectious, both by direct contact of the sputa with a healthy mucous surface, as has been too often proved by members of our profession and by mothers, or by emanations from the affected person, as evidenced by the manner in which it spreads in a family. Simple croup, as I have been accustomed to see it, has no such contagious or infectious character. In dispensary practice, I have frequently seen a child affected with croup lying in a confined room amongst other children; but I never knew the disease to spread as diphtheria does. The peculiar nervous affection, the paralysis which follows diphtheria, has no counterpart in ordinary croup; nor, in cases of simple croup, were we accustomed to see the white leathery pellule on the tonsils or fauces, though it was a very common disease in Edinburgh and its vicinity. I know that in France the fauces were always examined, and that false membranes or pellicles were considered symptomatic of croup; but that only leads me to believe that the disease in France was always of a different type—diphtheritic, in fact.

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### Injection of Quinine into the Trachea in Intermittent Fever.

The *Lancet* says, in some cases of the most pernicious forms of intermittent fever the stomach is so irritable that it is useless to administer quinine by the mouth, as it is immediately rejected; and the state of the circulation in the cutaneous capillaries is such that little or no absorption would take place were it administered hypodermically. In such instances great and immediate benefit may be derived from the injection of solution of quinine into the trachea, as appears from the very interesting and remarkable cases recorded by Claude Bernard, in his recently published "Leçons sur les Anæsthésiques," as having occurred in the practice of Dr. Jousset, of Bellesme. One of these cases, much curtailed, was as follows:—Some years ago Dr. Jousset, traveling in the northern part of the Greek Archipelago, was called in the morning to see a Greek child, aged twelve, who was seriously ill. On arriving, he was informed that the child was delicate and liable to febrile attacks, but had been in her ordinary health the day before, when she had been playing with other children. In the evening she had suddenly become pale and shivery, and the parents thought her dead; but after two hours or less she had partially recovered and fallen into a deep sleep. In the course of the night she had two more fainting fits. When Dr.

Jousset saw her she was lying on a thin mattress on the floor, extremely pale, with deep sunken eyes—in a word, like death. The respiration was scarcely perceptible; the pulse from 38 to 42, very feeble. Slight indications of intelligence still remained. On auscultation coarse râles were heard. The belly was soft, the liver normal, the spleen very large. M. Jousset diagnosed it as a case of malarial fever, of bad type; and he immediately endeavored to give the patient some quinine, but vomiting was induced, and syncope. Having previously had a successful case, he at once proceeded to inject a solution of hydrochlorate of quinine into the trachea. He inserted the trocar of a Pravaz' syringe into the middle of the trachea, between the first and second cartilaginous rings. A little difficulty was experienced, as the thyroid gland was large, and he only satisfied himself that the point was free by blowing through the canula. The pulse was now 31. No effort at coughing was made, and he thought she had succumbed. Five minutes after the pulse was 40. The limbs were now covered with warm flannel and light friction made. In ten minutes the pulse had risen to 45, and an involuntary evacuation occurred. She murmured some words. In thirty-five minutes she asked for some drink. She complained of intense pain in the head, which, however, was not hot. In an hour the pulse had risen to 96; and shortly afterwards she was in her ordinary health.

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**Nitrite of Amyl in Sea-Sickness.**

The *Lancet* has the following article, by Crochley Clapham, L.R.C.P.L., F.L.A.S., PH. D:—

In recommending the employment of nitrite of amyl as a remedy in the treatment of sea-sickness, I do so with considerable experience of its utility. During a trip round the world, of nearly two years' duration, in which time I crossed the Pacific Ocean in various directions no less than eleven times, I made the treatment of this distressing malady my especial study, with what result will be seen below.

On my way out east I ran through all the prevalent modes of treatment, nice and nasty—such as iced champagne, bottled porter, camphor, chlorodyne, belladonna, ice to the spine, etc.—and, with the exception of the last-named, found them all merely palliatives, and of very uncertain action even to that extent. With respect to Dr. Chapman's spinal ice bags, I can report favorably of their use in sea-sickness, when procurable; but people will not or cannot provide themselves with these articles, nor will ship owners supply them in any number, and nothing can be more futile than attempting to treat twenty or thirty sea-sick people with one or two ice bags.

It occurred to me that the remedy which, in the hands of Dr. J. Crichton Browne, has proved so valuable in the epileptic "status," might be advantageously employed in the treatment of sea-sickness.

To test the truth of this surmise I made several trips across the Pacific, and tried the remedy altogether in one hundred and twenty-four cases. Of these, one hundred and twenty-one proved eminently satisfactory, there being no return of the vomiting after the administration of the nitrite; the remaining three cases being only unsatisfactory so far as they required a further dose or two of the remedy.

The mode of exhibiting the drug which I adopt is by inhalation, three drops of the nitrite being poured on a handkerchief and held close to the patient's nose. The inhalation must be conducted rapidly, so as to give the full influence of the drug without a too free admixture of air.

The action of the remedy in freeing the circulation and relieving the hyperæmia of the spinal cord will be quickly evidenced by a throbbing sensation in the temples (occasionally rather disagreeable), and by a more or less general flushing and increased warmth of the surface of the body. This warm and comfortable glow, which takes the place of the chilly sweat so disagreeable in this disease, is usually followed, in the course of half an hour, by a pleasant slumber, from which the patient wakes to eat a hearty meal. Should the sickness recur, which it may do after the lapse of twenty-four hours, the inhalation must be repeated. The patient should be in bed when under treatment, so as not to interfere with the subsequent sleep; and I have usually judged it better to allow one fit of vomiting to take place before applying the remedy, not only to insure the *bonâ fide* character of the seizure, but also because I consider it advantageous unless the patient be in a very weak state of health. I only met with one case in which the medicine was refused on account of disagreeable effects, and in this instance, which occurred in the tropics, the patient complained that "it made him feel so hot he would rather be sea-sick."

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## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. C. D. Fairfield, of Newport, Tennessee, delivered a lecture some months ago, before the local Grange, on Nature in Vegetation, which that body has printed. The author undertakes to give the history of the universe in a few sentences (pp. 12, 13). Many of his statements would not be acknowledged by sound science; for instance, these: "The primal elements of matter are eternal;" "Each element has a magnetic force peculiarly its own." "All

forces are referable to magnetism or electricity." "The inorganic elements, through nature's inherent forces, unite into organic forms." These are specious generalizations, without any root or basis, which should not be put forth as the results of science, before a popular audience. When the author follows good authorities, he writes well and pleasantly.

——Professor Burt G. Wilder, of Cornell, has prepared a pamphlet of twenty-three pages, as a programme to his lectures on Comparative Anatomy. He includes in it a series of Rules of Health for Students, well prepared, and admirably adapted to render his young hearers awake to the importance of taking care of their bodies, in order to be able to store their brains effectively.

——Professor A. B. Palmer, Dean of the Medical Faculty of the University of Michigan, has prepared, in behalf of the Faculty, a "Statement of the Relations of the Faculty of Medicine and Surgery in the University of Michigan to Homœopathy."

——A curious article, by Dr. Ely van de Warker, of Syracuse, on the Normal Movements of the Unimpregnated Uterus, has been reprinted from the New York *Medical Journal*.

——The Construction, Ventilation, and Hygienic Management of Anatomical Rooms have never received the least attention from physicians; but now, Dr. H. Lenox Hodge, of this city, has written a very excellent paper on the subject (reprinted from the Virginia *Medical Monthly*).

——Dr. W. Gleitsmann, who is the physician in charge of a "mountain sanatarium," near Asheville, North Carolina, has a paper, reprinted from the "Transactions of the Medical and Chirurgical Faculty of Maryland," on Attitude and Climate in the Treatment of Phthisis. He proceeds on the statement, which he considers proven, that phthisis diminishes, or even ceases altogether, with the increase of elevation above the sea-level, and that this boundary is higher in the tropics than in the temperate zone.

——A second edition of Dr. Turnbull's excellent essay on Tinnitus Aurium has been published. Quite a variety of new matter has been added, especially in reference to the value of the galvanic current in such cases.

## BOOK NOTICES.

**Tinnitus Aurium. A Consideration of the Causes upon which it depends, and an attempt to explain its production, in accordance with physical principles. By Samuel Theobald, M.D., Surgeon to the Baltimore Charity Eye and Ear Dispensary.**

This is a pamphlet of thirteen pages, a reprint from the "Transactions of the Medical and Chirurgical Faculty of Maryland," April, 1875.

We are glad to see the attention of the medical profession turned to this distressing symptom, and in some instances, disease, for with the exception of the monograph of Dr. L. Turnbull, of this city, but little attention has been directed to it, even by the otologists of this country. In the recent work of Dr. Roosa, the remarks on tinnitus aurium scattered here and there in the volume, in connection with the application in which this symptom occurs, are meagre and unsatisfactory.

Our author, on page five, states the pith of his investigations and his theory, as follows:—"I think we may safely consider that tinnitus is invariably the expression of an *excitation of the terminal or percipient elements of the auditory nerve.*" Pages 6, 7 and 8 are taken up with considering "tinnitus as invariably accompanied by and dependent upon disturbances of the circulation of the internal ear." He then goes on to account for its existence under circumstances which do not usually justify the assumption of any such disturbance. As for example, its almost constant presence as a symptom of that commonest of all affections of the ear, chronic catarrh of the tympanum; obstruction of the meatus externus by inspissated cerumen, or by foreign bodies; or inflammation of the meatus and of the membrana tympani, etc. He states, as the result of a somewhat extended and careful observation of these conditions, "I have found that the subjects of them, though they frequently differ widely in their description of the nature of the noises which they hear, almost invariably agree upon certain significant points. They will nearly always tell you that the noises, whatever be their character in other respects, are at *times intermittent or pulsating;* that they are louder and more annoying when they lie down, or after violent

exercise; and that it is usually under such circumstances that the change from a continuous to an intermittent character occurs. They will also frequently mention that they become aggravated after indulging in stimulants, or after a hearty meal. It will not be denied that these are indications which point unmistakably to the agency of the circulation of the blood in the production of tinnitus."

This theory cannot be accepted as explaining all the forms of tinnitus; still, as the author states, it is a step in the right direction, and as we obtain more information of the cause, we shall be more certain in our modes of treatment.

**Vision, Its Optical Defects and the Adaptation of Spectacles. Embracing: First, Physical Optics. Second, Physiological Optics. Third. Errors of Refraction and Defects of Accommodation, or Optical Defects of the Eye. With seventy-four illustrations on wood, and selections from the test-types of Jæger & Snellen. By C. S. Fenner, M. D., Louisville, Kentucky. Lindsay & Blakiston, Philadelphia, 1875. pp. 299, 8vo.**

The author states that the manuscript was commenced during the past summer, but, owing to an affection of his eyes—retinal hemorrhage—which came on suddenly, before the writing of Part First was finished, the work is not as complete as was intended. Having since that time been unable to make use of his eyes in reading or writing, he was compelled to complete the manuscript by dictating to an amanuensis.

It has been noticed as a fact, that in a large number of instances, both physicians and surgeons have not only suffered, but died, from the diseases to which they have devoted their special study and practice. Our sympathy is at once enlisted for our author, seeing the great difficulties which he had to overcome in producing his work; had he not been a true lover of his specialty, he never would have completed it. At the same time he disarms severe criticism by stating the incompleteness of the book in advance. Still, he cannot come before the medical public, as a teacher of such an exact department as optics applied to the defects of the eye, without being liable to a fair share of the attention of the critic.

Although Dr. Fenner's book can, with the specialist, never take the place of his Donders and Helmholtz, still, for the non-specialist and the beginner in the study of opthalmology, it will be found a very useful work, as it presents, in a very agreeable and perspicuous style, the latest views of the greatest workers in this particular department. The volume contains nearly two hundred octavo pages, and is divided into three portions. Part 1 is devoted to a brief exposition of the laws of Physical Optics. Part 2 to the consideration of Physiological Optics. Part 3 treats of the errors of Refraction and Defects of Accommodation.

The introduction of physical and physiological optics adds greatly to the value of the work, as at least some knowledge of these subjects is an absolute necessity for a proper understanding of the principles of ophthalmology.

In part 3, under the head of diagnosis of astigmatism, is introduced a description of several American methods for determining this anomaly, in addition to the older methods of Snellen, Stokes, Javal, etc. The most recent among these is by means of a so-called, *visnometer*, an instrument invented by Dr. Risley, of Philadelphia. Inasmuch as his results are all obtained by the use of an artificial far point, placed at 10 to 12 inches, it is very necessary to have the accommodation thoroughly paralyzed in every case examined. Owing to the close proximity of the test objects to the eye, the accuracy of the examination is undoubtedly liable to be considerably interfered with.

While the third part of the work purports to be on the "*Errors of Refraction and Defects of Accommodation*," it is in reality a treatise on Refraction alone, no special attention having been given to the consideration of the actual anomalies of the accommodation, unless, perhaps, presbyopia be considered as such. To have made this part complete, the subjects of paralysis and spasm of the accommodation should have been separately dwelt upon.

The typography throughout the work is, for a first edition, quite good, although there are a few slight errors which seem to have been overlooked. Thus, on page 172 we find $\frac{1}{14}$ instead of $\frac{1}{13}$, and on 190, near the bottom, $\frac{1}{10}+\frac{1}{10}=$ instead of $\frac{1}{10}+\frac{1}{10}=$.

The author appears to possess a thorough and practical knowledge of his subject in all its bearings, and has presented the profession with a work in every way worthy of its careful attention.

THE

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## RECENT SYPHILOGRAPHY.

If there is any one point in reference to syphilis, its nature or origin, which is agreed to on all hands and definitely settled, we should be glad to know it, for we have that point yet to learn.

To begin with the history of the disease, Dr. Charles Drysdale, of London, gave us a new and revised study into mediæval medical literature, proving to his own mind—and that of many readers, ourselves among the number—that, regarded as a question of evidence, the testimony is decidedly in favor of the opinion that syphilis was brought from America by the sailors of Columbus, in his first voyage; or, at any rate, that it was known in the New World previous to 1492, and in the Old World only after that date.

Since then, however, a Spanish writer has come forward, in *El Amfiteatro Anatomico*, and thinks he has upset the former statement by the following quotation from Molina's *Historia de Chili*.

"The venereal disease has made but little progress in the American countries inhabited by Spaniards, and hardly any in the districts peopled by the natives. The latter have no word in their language designating the disease, a clear proof that the complaint was not known among the aborigines before the Conquest. Hence several authors of South America, especially Diaz Benito, consider that it was without sufficient grounds that many writers made syphilis originate from America."

So far is this from being the case, that the Abbé Brasseur de Bourbourg lays particular stress, in his *Histoire de Mexique*, on the prominent rôle the disease plays, even in the mythology of the natives of the West Indies, Guatemala, and ancient Aztlan. Moreover, it is a recorded fact that the earliest remedies for syphilis—the sassafras and the guaiacum—were brought to Europe from America, and were avowedly remedies learned from the American aborigines. The guaiacum was the first therapeutic means of any efficacy used against the ravages of syphilis, as Fracastorius—he who christened the disease with the name it bears—distinctly states: *Guaiacum* is a word in the original language of the Antilles; the wood grows there, and its real efficacy in syphilis has received additional proof from the observations of Dr. Alex. McBride within the last year (see the Half-Yearly Compendium of Medical Science, July, 1874, p. 293).

Passing next to the grand question of mercurial or non-mercurial treatment, we shall give, first, the opinion of Dr. P. H. Watson, of Edinburgh, a very reputable surgeon. At a recent meeting of the Medico-Chirurgical Society of Edinburgh, he stated that his experience of the administration of mercury in syphilis was, that it did no good, but a great deal of harm. Syphilis left untreated by anything except local applications got as certainly well as measles or any other exanthem. To give mercury in measles would hardly be deemed indispensable by any one at the present day, but it would be quite as

rational as to give it in syphilis. No doubt, the early symptoms of syphilis disappeared rapidly under the use of mercury, but only to return again, unless the mercury were continued throughout the whole period of the eruptive tendency. Dr. Watson wondered how many of the strenuous advocates of mercurial treatment ever watched a case of syphilis when no treatment was allowed to complicate its natural progress. He was sure, if they did watch a few such cases, they would cease to employ mercurials. It was the opportunity afforded in watching cases under syphilization which led him to these conclusions. He had no objection to mercurial applications to local lesions, such as the indurated chancres, or to condylomatous eruptions. The mercurial vapor-bath acted on this principle when no inhalation was practiced, and, by its local effect upon the erupted surfaces, tended to hasten their disappearance. In cases of syphilis where mercury had been administered, serious so-called tertiary lesions did sometimes occur, and in these, mercurials sometimes were required to overcome the evil results of their early administration. In such circumstances, he believed that the injection of the bicyanide of mercury might be advantageous.

On the other hand, Mr. JAMES R. LANE, surgeon to the London Lock Hospital, and president of the Harveian Society, in an article published in the *British Medical Journal*, no longer ago than the 12th of December, 1874, advocates the use of mercury in hard chancre, from the very jump. His words are:—

"If mercury is the valuable remedy against syphilis which most of us believe it to be, it must surely be right to employ it at the earliest moment that the system has become, or is becoming, infected. The induration may be regarded either as the first sign of general infection, "le premier des accidents secondaires," as RICORD once called it, or it may be looked upon merely as the peculiar local action through the agency of which contamination takes place, which seems to be the opinion towards which RICORD now inclines, and is that which I myself entertain. From either point of view it would seem rational to commence the treatment at once: on the first hypothesis, to get rid of an already existing infection; on the second, to favor the elimination of the noxious influence as fast as it is being introduced. To be effectual, it must be begun early, and must be persevered with, not only until the sore has healed, but until all trace of induration has disappeared, and, as a matter of precaution, in gradually diminishing doses, for some weeks longer still."

In the *Praktische Arzt.*, last year, Professor DOUTRELEPOINT inclines toward WATSON's views, but is more decided on the value of mercury locally. He claims that he has treated the majority of his cases of syphilis locally, with emplastrum hydrargyri, with success. He states that the base of the indurated sore clears up rapidly under this treatment, and the scarring at its edges is hastened. Broad condylomata leave off giving off moisture, and heal up. Also, in the various syphilitic skin affections, when not too extensive, strips of the plaster laid over the surface cause a quicker disappearance. In a case of syphilitic lichen, the right forearm, which was more affected, was covered with emp. hydrarg, and the other not so, whilst the patient took the yellow iodide of mercury. In eight days the knots on the locally treated arm had disappeared, and were seen only as maculæ, whilst on the left arm there was scarcely any difference since the cure commenced. In tertiary forms of syphilis, even, is this treatment useful. Thus, it was followed by quick cure in a long-continued case of syphilitic lupus. Periosteal gummata heal rapidly, whether ulcerated or not. In several cases of ulcers of the ankle, which arose from destruction of subcutaneous gummata, binding with plaster or mercurial ointment sufficed to heal obstinate ulcerations quickly. Salivation was several times caused by absorption of the mercury.

Some have strenuously advocated the water-cure in syphilis, but Professor ZEISSL, of Vienna, who has been publishing, in the *Allg. Wiener Med. Zeit.*, a series of articles on the

"Therapeutics of Syphilis," shows it to be not only useless, but positively injurious, and thinks that the public are to be warned as to the mischievous results of hydropathy in syphilis. The professor quotes the case of a man of twenty-six years, whose chancre had healed with local applications. On the breaking out of secondaries he repaired to a water-cure establishment, where the usual treatment was carried on for several months. Soon after its commencement he had iritis, from which one eye was lost, and the other damaged. Later, the tubercles on the face grew to the size of nuts, and gave his countenance the aspect of elephantiasis Græcorum. The tonsils, soft palate, and pharynx presented deep ulcers, and the poor man fell into a deplorable condition.

As to the questions of unity or duality of virus, as to syphilization, as to the laws of hereditary transmission of the disease, as to the alleged visceral and nervous lesions resulting, as to the pathognomonic marks of the injecting sore, as to the permanence or transitoriness of the constitutional poisoning—all these are questions on which it is hopeless to expect an approach to unanimity, so long as the opinions as to the natural history and normal course of the disease are so irreconcilably discrepant.

## Notes and Comments.

### Therapeutical Notes.

#### POSTURAL TREATMENT OF PALPITATION.

A correspondent in the *Union Médicale*, calls attention to the fact that palpitations, when not depending upon organic disease, may be almost immediately arrested by bending the head downward, and allowing the arms to hang pendent. The effect is even still more rapidly produced by holding the breath for a few seconds while the body is in this bent position.

#### TINCTURE OF EUCALYPTUS IN PULMONARY GANGRENE.

In the *Bulletin de Therapeutique*, M. Bucquoy says of this article, that in the various bronchial affections he has not found it more useful than other balsamic preparations, and much less so than antimonials. He will not, therefore, be accused of partiality for it, in recommending this remedy for the only affection in which he has found it yielding excellent results, gangrene of the lungs. In this disease, it has surpassed all other substances which he has employed for removing the horrible fetor characterizing it. During the five years he has been at the Cochin Hospital he has seen at least two or three cases a year, and in five of these cases he attributes their cure, in a great part, to the action of the eucalyptus; and in cases in which the disease has terminated fatally, it has been very useful in removing the fetor when carbolic acid had failed to do so, while the violence and tenacity of the cough have been much modified.

#### HYDROPHOBIA.

The latest recommendations in this fatal disease are an infusion of the root of elecampane in new milk, and bromide of potassium, in drachm doses.

### Microscopic Life in the Teeth.

Our notice of the investigations of Dr. C. N. Pierce on this subject may be amplified by a courteous letter from that gentleman, in which he writes as follows:—

"In making some investigations on the organisms found in the oral cavity, I observed what might be deemed of some importance to those interested in studying the "Beginnings of Life."

"In opening into the pulp chambers or nerve cavity of some teeth, where the nerve and accompanying tissues had become devitalized from some constitutional or local cause, without any loss of the hard tissues from dental caries or otherwise, the remains within, which were extremely offensive, were found to be filled with living organisms, resembling what are figured and described by scientists as *bacteria* and *vibrios*. Their presence in this cavity, secluded as they were from any contact with the atmosphere or secretions of the mouth, must be accounted for in one of two ways, viz., the germs of these organisms must be universally disseminated throughout the various textures of the body, through the medium of the circulating fluid, there to be developed and multiply whenever these higher tissues or any parts of them are on the eve of death and disintegration, or else, as Bastian would put it,

must be that when the vitality of any part of this higher organism, whether simple or complex, is on the wane, its constituent particles are capable of individualizing themselves, and of growing into these low organisms in question."

### A Bicephalic Monster.

Through the kindness of Dr. J. F. Force, of Heron Lake, Minn., we have been furnished with an account of an autopsy performed on a bicephalic monster. It was still-born and was delivered without instrumental aid. It was a female, well shaped in the lower extremities. The spinal columns united high in the back, and were found to be double to the lower extremity of the ribs, from whence it was single, as in an ordinary child. The sternum was also double. The heart was double, yet it retained its distinctive outlines, and upon dissection was found to be perfect, with duplicate arteries, veins, etc., each performing its individual functions. The same with the lungs, both pairs fully developed. The aorta was double and fully developed, possessing perfect symmetry in its branches. An œsophagus extended from each throat and terminated in one as they entered the stomach. All the organs above the diaphragm were double, and blended together, retaining a distinctive outline, by which the double condition of the organs could easily be traced.

### "Mind Reading."

Dr. George M. Beard has been doing excellent work in exposing the humbuggery of "mind reading" and similar swindles. He has a letter in the *Review of Medicine and Pharmacy*, which is convincing and to the point. He says "*all* the performances of *all* mind readers can be explained by *unconscious muscular tension and relaxation* on the part of the subject. "Second sight" is utterly a delusion. No member of the human race, in trance or out of trance, in health or disease, has ever exhibited any such power, even in the most trifling degree. All of the so-called second-sight performances can be explained by intentional or unintentional trickery, by coincidences, or by exaltation of some of the senses, and, usually, the hearing. Experiments in this department must allow for these six sources of error:—

"1. Intentional deception on the part of the subject.

"2. Unintentional deception on the part of the subject.

"3. Intentional collusion of bystanders, confederate, or of the operator.

"4. Unintentional collusion of bystanders or of the operator.

"5. Guess-work and coincidences.

"6. Phenomena of trance, and of the involuntary life in health and disease.

"Experiments that do not clearly, and intelligently, and systematically allow for errors from all these sources can be of little or no value to science, however able, or honest, or famous the investigator may be.

"As the members of our profession become experts in the study of these delusions, they will learn that there is about them no mystery whatever; that they can be explained, and are explained, by laws already known to experts and by trickery, and that there is no need of any hypothesis of odic force, or psychic force, or thought-reading, or mind-reading, or brain waves, or animal magnetism, or second sight, or any other refuge whatever."

### A History of German Medicine.

The first volume of a History of Medicine in Germany has appeared, from the pen of Dr. Heinrich Rohlfs (Ferdinand Enke, Erlangen, 8vo, 556 pages). It is intended to make six volumes of this size, and will, therefore, be comprehensive. The first volume brings it down to the end of the Sixteenth century. It is written in an entertaining style, and takes a high view of medicine, ranking it not as a mere natural science, but bringing out its essentially artistic character as well.

### Salicyl as a Preservative of Leeches.

A correspondent of an exchange says:—

"Having read that this acid would keep leeches healthy and prevent the water in which they were kept from becoming foul, I added ten ounces of acid solution (eight grains to a pint) to half a gallon of water, into which fifty leeches were put. Previous to this addition, we had found two or three dead leeches every week when the water was changed; but since, we have not lost a single leech, and the water keeps fresh for weeks.

### Onanism and Varicocele.

Dr. Ravoth, of Berlin, has called attention to the connection between these two troubles. In nearly all cases of varicocele the patient con-

fessed self-abuse. The tendency of this habit to affect the mind was quite observable. It tends, he says, toward "mysticism," by which we suppose he means self-brooding. He tells of one man, eighty-five years old, who attributed his failing powers to this bad habit when young!

### Exhaustion on Marches.

A German paper comments on the numerous cases in which soldiers have succumbed to fatigue this summer, during the marches of the troops. Every such case, it remarks, excites more anger and pain among the relatives of the man who is killed by the over-fatigue than is felt in time of war by the connections of a thousand soldiers sacrificed through the blundering of generals. It recommends the enforcement of the conclusions of a treatise published by the Berlin Hulfsverein in 1870. This publication deprecates the use of cold water and iptoxicating drinks during marches in hot weather, and advises the consumption of weak tea, prepared the previous evening in the bivouac or lodging, and carried in flasks. The head should be only slightly covered, and the neck protected by a handkerchief hanging over the back.

## CORRESPONDENCE.

### Ethics in Consultations.

ED. MED. AND SURG. REPORTER:—

I noticed in your journal, of the date October 2d, a few lines, entitled, "Remarks on Consultations," to which I desire to say a word.

I have practiced medicine in the country for twenty years, and in the city for the past five years, and I say, unhesitatingly, that the standard of medical etiquette is, at least, as high among educated, respectable physicians in the country, as it is among physicians of a like grade in the city.

During the latter half of my sojourn in the country I enjoyed the reputation of having the largest practice in my section of the county, and, of course, had numerous consultations, and I have never known of an instance where a physician attempted to take an advantage of me in a consultation, and I am very certain I never attempted to take the advantage of any one else.

The assertion that a consultation in the country implies dissatisfaction on the part of the patient or his friends with the attending physician is a gross slander upon the intelligence of our rural population.

When desiring the presence of a medical friend, I have always had to make the suggestion to the family, and have uniformly been met with the reply, "if you desire a consultation, doctor, we will have it, but we are perfectly satisfied with you;" and this is the experience of many country physicians I could name.

I can safely say that never, in the course of a twenty years' practice in the country, have I lost the patronage of a single family through improper influences exerted by another physician, at or after a consultation.

BENJ. C. SNOWDEN, M.D.,
*No. 700 N. 20th street, Philadelphia.*

### Case of Triplets.

ED. MED. AND SURG. REPORTER:—

On Friday morning, September, 17th, my partner, Dr. J. D. Skilling, delivered Mrs. Peter Nolen of triplets, all girls. The first born living but very weak; did not breathe for several minutes, though the pulsations of the cord and heart were distinct. The second child, born one-half hour after the first, showed no signs of life. The third, born three-quarters of an hour after the second, cried lustily at birth, and was well-developed. The first two were vertex presentations. The third was a footling.

On examination the cords of the first two children were found to be attached to one placenta. The cause of the death of the second child, the Doctor believed to be the detachment of the placenta after the birth of the first, thus cutting off the circulation of the second. The mother and the two children, up to this time, have been doing well.

In the year 1859, Doctor G. E. Porter, of Lonacoming, delivered the aunt of Mrs. Peter Nolen of triplets. Two of these were attached to one placenta, the same as in the case above reported. One of these children only is yet living. C. E. SHIPLEY, A. M., M. D.

*Lonacoming, Md., September* 27, 1875.

## NEWS AND MISCELLANY.

### Ignorance on the Tripod.

The Reading *Eagle*, in commenting on our remarks on its opposition to the medical law of the State, has this sentence:—

"It is known that what is called the Medical Society of Pennsylvania, the allopathic school, has a materia medica, and if one of the members of this school of medicine gives a specific to a patient not recognized by this class of practitioners he lays ground for expulsion from the Society."

As this appears in a "leader," for which the editor is responsible, we recommend him to employ not quite so much of an ignoramus to write his medical editorials in future.

A member of the Medical Society of Pennsylvania can use and prescribe any medicines he chooses, homœopathic "potencies" or eclectic "yarbs," and run no danger of expulsion.

The regular profession is wholly free from any such restriction.

The *Eagle* says it "is always willing to acknowledge a mistake." We now ask it to make its words good.

### Items.

—On page 254, this volume, Dr. E. Smith's pamphlet should have the title "One Hundred Operations for *Cataract*."

—A young woman in Illinois, without money, obtained two dollars, wherewith to proceed to Chicago, by pawning her glass eye.

—Surgeon James F. Weeds, of the United States Army, stationed at Nashville, Tennessee, for several years, died October 1st.

—The Sixth Annual Session of the Medical Society of Virginia will convene in the Hall of the House of Delegates, Richmond, Virginia, at 7½ P. M., on Wednesday, October 20th, 1875.

—Dr. John G. Schanck, Assistant Physician of the New Jersey Asylum, died on Monday, September 27th, at Princeton, of hemorrhage of the lungs. He was a young man, only twenty-six years of age, and of great promise. He was an agreeable and attentive man in his profession, and highly esteemed by all who knew him.

—Dr. Winslow Lewis, who died in Boston, lately, at the advanced age of seventy-six, was quite prominent in local affairs, a thoroughly educated physician, and a member of the Masonic fraternity, of the highest standing. Leading scientific societies of this country and Europe claimed him as a member, while he was an enthusiastic Mason for forty-five years.

### Personal.

—Professor Wurtz, Dean of the Paris School of Medicine, having been appointed to the vacant chair of Chemistry at the Faculty of Sciences, will necessarily be obliged to send in his resignation as Dean of the Paris Faculty. On account of the difficulty, however, which is experienced in finding a successor to him, his resignation has been withheld until the reopening of the School in November next.

## QUERIES AND REPLIES.

### Hair Tonic.

Dr. J. N. Nowlin, of Georgia, sends us the following prescription which he has used for years, and "has yet to meet the first instance of failure to arrest falling of the hair." He requests those who use it to report through this journal.

| | | |
|---|---|---|
| R. | Borax, powdered, | two drachms |
| | Cologne water, | eight ounces |
| | Bay rum, | six ounces |
| | Tinct. cantharides, | |
| | Spir. ammo. aromat., | aa one ounce. M. |

Sig. Apply to the scalp every morning, by thoroughly rubbing in.

*Dr. J. H. V., of Ga.*—"How do sweet potatoes compare, as an article of diet, with white potatoes?"

*Reply.*—Edward Smith, in his work "On Foods," ranks them as "somewhat inferior." But as the authors of the "United States Dispensatory" remark: "comparative analyses of potatoes are of no value as a measure of their nutritive properties, such wide variations existing in specimens. We have seen sweet potatoes given delicate children in their second summer, with excellent results."

*Dr. W. W. S., of N. Y.*, inquires for a recipe to make a permanent solution of phosphide of zinc.

*Dr. W. S. T., of Pa.*—All lectures at the Vienna Medical School are in German. Without a knowledge of that language, it would be useless to go there. Expenses equal to those in this city or New York.

*Dr. O. I. M., of O.*—We regard Staufer's instruments as excellent, and as giving as general satisfaction as any in the market. We speak from personal use of them.

## OBITUARY.

### ERNST KRACKOWIZER, M. D.

Ernst Krackowizer, a well-known German physician of New York, died September 23d, at Sing Sing, of intestinal inflammation. He was born in Styria, in the Austrian Empire, in 1822, and studied medicine at Vienna and Padua. After receiving his medical diploma he became an assistant of the distinguished Austrian surgeon, Prof. Schuh. In consequence of the part which Dr. Krackowizer took, as Captain of the Students' Legion, during the insurrection of 1848, he was obliged to leave Vienna. He fled to Tübingen, and there became an assistant of Prof. Bruhns. In this position he remained, until the activity of the Austrian Government in pursuit of the insurrectionists compelled him to depart for America. On arriving in this country he decided to devote himself to the practice of his profession at Williamsburg. In 1856 he came to New York, and soon afterward took an active part in establishing the German Dispensary. When the Medical College of Bellevue Hospital was about to be reorganized, last year, Dr. Krackowizer was chosen a member of the committee to prepare a plan of reorganization, and afterward he was made a member of the Medical Faculty. During the recent movement for Municipal reform, Dr. Krackowizer was appointed a member of the Committee of Seventy.

## DEATHS.

CLEMENTS.—On the 5th inst., at the residence of her husband, Pleasant Ridge, Kentucky, Elizabeth A., wife of Dr. F. M. Clements, aged 21 years and 8 months.

HENRY.—On October 2d, at Monmouth Beach, New Jersey, at the residence of her father, Elizabeth Root Henry, wife of Dr. M. H. Henry, and daughter of Hugh J. and Mary Hastings, of New York.

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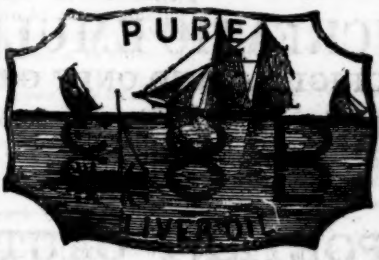


The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

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Prof. HAYS, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

IODO-FERRATED COD LIVER OIL. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

COD-LIVER OIL, WITH IODINE, PHOSPHORUS, AND BROMINE. This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

COD-LIVER OIL, WITH PHOSPHATE OF LIME. This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

COD-LIVER OIL, WITH LACTO-PHOSPHATE OF LIME.

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Whereas the GENUINE EMULSION and PANCREATINE are rich in Pancreatic Juice, pleasant to the taste, and keep perfectly good.

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